

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4334</u>	2. Fiscal Year Covered From: <u>7</u> / <u>7</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>SAM</u> <u>T</u> <u>HART</u> P.O. Box, Bldg., Room No., if any _____ Street <u>8605 E. Denver Rd.</u> City <u>MT Pleasant</u> State <u>Michigan</u> ZIP Code + 4 <u>48858</u>	4. Name, file number, and address of labor organization. Name <u>Int. Union of Operating Eng's</u> Labor Organization File Number <u>000-159</u> P.O. Box, Building and Room Number, if any _____ Street <u>1125 17th St N.W.</u> City <u>Washington D.C.</u> State _____ ZIP Code + 4 <u>20036</u>
5. Position in labor organization. <u>Gen. V.P. retired as of Jan. 31, 2004</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount _____
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Sam T. Hart

On

7-25-05  
Date

989 433 5886  
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name

General Pension Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

1125 17th ST N.W.

City

WASHINGTON D.C.

State

ZIP Code + 4

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

(over) ↓  
The O.P.P. covers the official staff of I.U.O.E. 3000. Unions & Local 10.7 Million in 2004. Local 10.7 covers the O.P.P. pays rent to the I.U.O.E. & reimburses certain goods including salaries, fringe benefit package & phone.

11.b. Approximate dollar value of such dealing.

Approx 11 Million

12.a. Nature of interest held or income received.

Served as Trustee to Fund received meals & reimbursed Expenses for one Trustee Meeting.

12.b. Amount

\$ 1,088.64

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

11. (total of rent and all reimbursements  
for 2004 was approx. \$318,000)